

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30				
Address	P.O. Box 490 - Route 120 & Wilson Road				
City	Round Lake	State	Illinois	Zip	60073
Country	USA				
Telephone	(847) 270-2632	Fax	(847) 270-2658		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William H. Cork
Signature	
Date	9/17/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

☐ Practitioners at Customer Number **OR**

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

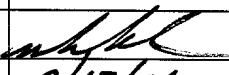
<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30				
Address	P.O. Box 490 - Route 120 & Wilson Road				
City	Round Lake	State	Illinois	Zip	60073
Country	USA				
Telephone	(847) 270-2632	Fax	(847) 270-2658		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mark C. Weber
Signature	
Date	9/17/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

HEREWITH

First Named Inventor

William H. Cork

Group Art Unit

Examiner Name

Attorney Docket Number F-5629

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or
Individual Name

Bradford R. L. Price

Address

Baxter Healthcare Corporation - Fenwall Division, RLP-30

Address

P.O. Box 490 - Route 120 & Wilson Road

City

Round Lake

State

Illinois

Zip

60073

Country

USA

Telephone

(847) 270-2632

Fax

(847) 270-2658

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Kyungyoon Min

Signature

Date

9/25/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Firm or
Individual Name

Bradford R. L. Price

Address Baxter Healthcare Corporation - Fenwall Division, RLP-30

Address P.O. Box 490 - Route 120 & Wilson Road

City Round Lake State Illinois Zip 60073

Country USA

Telephone (847) 270-2632 Fax (847) 270-2658

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name James J. Ulmes

Signature

Date

James J. Ulmes
9/28/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR


<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30				
Address	P.O. Box 490 - Route 120 & Wilson Road				
City	Round Lake	State	Illinois	Zip	60073
Country	USA				
Telephone	(847) 270-2632	Fax	(847) 270-2658		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Richard L. West
Signature	
Date	10/9/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	HEREWITH
First Named Inventor	William H. Cork
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-5629

I hereby appoint:

☐ Practitioners at Customer Number **OR**

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Bradford R. L. Price	29,101
Amy L. H. Rockwell	32,094
Michael C. Mayo	38,545
Gary W. McFarron	27,357

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bradford R. L. Price				
Address	Baxter Healthcare Corporation - Fenwall Division, RLP-30				
Address	P.O. Box 490 - Route 120 & Wilson Road				
City	Round Lake	State	Illinois	Zip	60073
Country	USA				
Telephone	(847) 270-2632	Fax	(847) 270-2658		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Ying-Cheng Lo

Signature



Date

10-02-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number OR ☒ Correspondence address belowName Bradford R. L. PriceAddress Baxter Healthcare Corporation
Fenwal Division, RLP-30
P.O. Box 490 - Route 120 & Wilson RoadCity Round LakeState ILZIP 60073Country USATelephone (847) 270-2632Fax (847) 270-2658

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) William H.Family Name
or Surname CorkInventor's
Signature William H. CorkDate 9/17/01Residence: City Lake Bluff ILState IllinoisCountry USACitizenship USAMailing Address 439 W. Sheridan PlaceCity Lake BluffState IllinoisZIP 60044Country USANAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) James J.Family Name
or Surname UlmesInventor's
Signature James J. UlmesDate 10/10/01Residence: City Lake Zurich ILState IllinoisCountry USACitizenship USAMailing Address 575 Cortland DriveCity Lake ZurichState IllinoisZIP 60047Country USA☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>Richard L.</u>				<u>West</u>			
Inventor's Signature						Date	<u>10/9/01</u>
Residence: City	<u>Lake Villa</u>	State	<u>IL</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address <u>37162 N. Lake Shore Drive</u>							
Post Office Address							
City	<u>Lake Villa</u>	State	<u>Illinois</u>	ZIP	<u>60046</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>Ying-Cheng</u>				<u>Lo</u>			
Inventor's Signature						Date	<u>10-22-01</u>
Residence: City	<u>Green Oaks</u>	State	<u>IL</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address <u>225 Fox Run Road</u>							
Post Office Address							
City	<u>Green Oaks</u>	State	<u>Illinois</u>	ZIP	<u>60048</u>	Country	<u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>Mark C.</u>				<u>Weber</u>			
Inventor's Signature						Date	<u>9/17/01</u>
Residence: City	<u>Algonquin</u>	State	<u>IL</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address <u>800 Birch Street</u>							
Post Office Address							
City	<u>Algonquin</u>	State	<u>Illinois</u>	ZIP	<u>60102</u>	Country	<u>USA</u>

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

over

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Kyungyoon

Min

Inventor's
Signature

Date Dec 10, 2001

Residence: City Gurnee IL

State IL

Country USA

Citizenship South Korea

Mailing Address

Mailing Address 7267 Clem Drive

City Gurnee

State IL

ZIP 60031

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20237. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20237.